

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
APPLICATION FOR CHARTER-PARTY CARRIER AUTHORITY**

FOR CPUC USE ONLY: PSG _____
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IMPORTANT

Please do not begin to complete this application until you have read and understand the document entitled, "BASIC INFORMATION FOR PASSENGER CARRIERS AND APPLICANTS".
Filing this application in and of itself does not constitute authority to engage in for-hire operations. Any for-hire operations conducted prior to Commission authorization are unlawful and may subject applicant to fine and/or imprisonment. A filing fee must accompany this application and is not refundable.
Payment should be made by check or money order, payable to "California Public Utilities Commission" or "CPUC".

Check below the type(s) of certificate(s) or permit(s) for which you are applying and enclose the filing fee required for each authority.

TYPE OF AUTHORITY	NEW FILING FEE	REFILE FILING FEE	FOR CPUC USE ONLY
<input type="checkbox"/> CLASS "A" CERTIFICATE	\$1,500	\$1,500	(512)
<input type="checkbox"/> CLASS "B" CERTIFICATE	\$1,000	\$1,000	(530)
<input type="checkbox"/> CLASS "C" CERTIFICATE	\$1,000	\$1,000	(530)
CHARTER-PARTY PERMIT(S): <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> Z	\$1,000	\$1,000	(530)

PLEASE TYPE OR PRINT CLEARLY

PART I: STATEMENT OF OWNERSHIP

1. Applicant ☐ HAS ☐ HAS NOT been previously licensed by this Commission. If so, list PSC or TCP number(s):

2. Applicant is:

- ☐ Individual:

First Name	Middle Name	Last Name
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- ☐ General Partnership:

(List full names of all partners. Use additional sheet if necessary. ALL PARTNERS MUST SIGN ALL FORMS.)

- ☐ Corporation ☐ LLC ☐ LP:

(Show exact name as registered with the California Secretary of State.)

- ☐ Other:

(Show exact name and specify type)

Doing Business as (DBA):

Note: Any entity doing business under one or more fictitious names shall, with respect to each fictitious name comply with Sections 17900-17930 of the California Business And Professions Code, entitled "Fictitious Business Names".

Terminal Address:

Street Address	City	County	State	Zip Code
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Mailing Address, if different from above:

Street Address	City	County	State	Zip Code
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Phone, including Area Code: ()

IF A CORPORATION, LLC OR LP, list all Officers, Managing Members, or Partners. Attach additional pages if necessary.

NAME	TITLE	NO. OF SHARES

Control of Corporation, LLC or LP held by: ☐ Individuals listed above ☐ Other (specify below)

If Applicant Is	Attach to this Application
A corporation organized under the laws of California	Articles of Incorporation and Statement of Information filed with the Secretary of State.
An LLC organized under the laws of California	Articles of Organization and Statement of Information filed with the Secretary of State.
An LP organized under the laws of California	Partnership Agreement and Certificate of Limited Partnership filed with the Secretary of State.
A corporation, LLC or LP organized and existing under the laws of a state other than California	Certificate of Qualification from the California Secretary of State, and Articles of Incorporation, Articles of Organization, or Partnership Agreement.

IF A GENERAL PARTNERSHIP, a copy of your partnership agreement shall be attached to this application. If you do not have a written partnership agreement, you may complete and attach Form TL706-B.

☐ PARTNERSHIP AGREEMENT ENCLOSED

☐ FORM TL706-B ENCLOSED

3. Applicant Business Affiliation (Check One):

- (a) ☐ Applicant is associated or affiliated with the following business entities by reason of common ownership, control or management (own part or all of the company, hold a responsible position in the company or guide the operations of the company, directly or indirectly.). Please list and indicate the type of entity, i.e., whether a corporation, LLC, LP, general partnership, or other. Use additional sheets if necessary.

NAME	TYPE OF ENTITY

- (b) ☐ No affiliation exists.

PART II: SCOPE OF OPERATIONS PROPOSED

(Please read the document entitled, "BASIC INFORMATION FOR PASSENGER CARRIERS AND APPLICANTS". All charters must be prearranged. Per-person fares are not allowed, except for charter-party "S" carriers and charter-party "A" carriers in the conduct of round-trip sightseeing tour service.)

1. CERTIFICATES

- ☐ Class "A" Statewide authority and round-trip sightseeing service.
- ☐ Class "B" Pick-up area not more than 125 air miles from home terminal to any point in the state. Any size vehicle.
- ☐ Class "C" Service provided incidental to commercial balloon operations, commercial river rafting, or skiing where no additional compensation is provided for the transportation.

2. CHARTER-PARTY PERMITS

- ☐ "P" Carriers using only vehicles under 15-passenger seating capacity.
- ☐ "S" Round-trip sightseeing tour service. (The tour must be directed by the operator, not the customer.)
- ☐ "Z" Specialized carriers, who do not hold themselves out to serve the general public, but only provide services under contract with industrial and business firms, government agencies, and private schools or who only transport agricultural workers to and from farms for compensation or who only conduct transportation services, which are incidental to another business.

- 3. DESCRIPTION OF SERVICES:** Applicant intends to provide the following services (describe the service and include a description of the way you will charge your customers, i.e., by the hour, by mileage, etc.). If you plan to be a sub-carrier, provide the TCP or PSC number and the name of the overlying carrier.
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- 4. TERMINAL INSPECTION FEE STATEMENT:** Complete Form PL739-B and attach to application.

PART III: SAFETY OF OPERATION

- 1. CALIFORNIA HIGHWAY PATROL REGULATIONS:** If you intend to operate vehicles with a seating capacity of more than 10 persons including the driver, you must pass a Highway Patrol inspection (Vehicle Code Section 34505.1) before your operating authority can be granted by the CPUC. *THE CPUC WILL REQUEST THIS INSPECTION FOR YOU SOON AFTER YOU FILE THIS APPLICATION.* Carriers are subject to additional safety inspections at any time. All applicants must complete the following forms:

- (a) EQUIPMENT STATEMENT OF APPLICANT: Complete Form PL664 and attach to application.
- (b) CHP CARRIER PROFILE INFORMATION: Complete CHP Form 362 and attach to application.

- 2. DEPARTMENT OF MOTOR VEHICLES DRIVER REGULATIONS:** All applicants, including owner-operators and employers, are required to participate in DMV's Pull Notice Program. Applicant agrees to hire and utilize only drivers who are licensed (and certified, if appropriate) for the type of vehicles they will be driving. Applicant agrees to check its drivers' records with DMV for all drivers prior to their hiring and agrees to comply with applicable laws and regulations pertaining to the employment of drivers.

Every carrier shall enroll in the "Pull Notice Program" of the Department of Motor Vehicles as defined in Vehicle Code Section 1808.1. A charter-party vehicle shall not be operated by any driver who is presumed to be a negligent operator under Vehicle Code Section 12810.5. You will receive a requester code number from DMV when you are enrolled in the Pull Notice Program.

- 3. MAINTENANCE CAPABILITIES:** By signing this application, applicant certifies that applicant is willing and able to maintain its vehicles in safe operating condition and in compliance with the California Vehicle Code and with regulations contained in Title 13 of the California Code of Regulations relative to motor carrier safety. Every carrier must inspect all vehicles and maintain proper documentation of such inspections.
- 4. WORKERS' COMPENSATION DECLARATION FORM:** Complete Form TL706-K and attach to application.
- 5. SUBCARRIER AGREEMENTS:** Applicant agrees to hire and utilize subcarriers only in compliance with General Order 157 Series.
- 6. HIGHWAY SAFETY REQUIREMENTS:** Complete Form PL706-I and attach to application.
- 7. CONTROLLED SUBSTANCE AND ALCOHOL TESTING CERTIFICATION REQUIREMENTS:** Applicants must provide for a drug testing program which includes educational materials for their drivers, training for supervisors and specified testing of drivers for use of controlled substances and alcohol. Complete Form PL706-J and attach to application. If all the vehicles that you propose to operate have a seating capacity of 16 persons or more, including the driver, you need only to certify to this effect on Form PL706-J, Part I.

PART IV: FINANCIAL RESPONSIBILITY AND INSURANCE REQUIREMENTS

1. Complete Form TL706-F3 (Projected Profit and Loss Statement) and attach to the application. The financial information you submit may be verified by the Commission staff.
2. Applicant shall deposit evidence of adequate bodily injury and property damage insurance required by General Order 115 Series. Certificate/permit will not be issued without insurance being on file with the Commission. The required minimum public liability and property damage insurance coverage increases depending on the seating capacity of the vehicle(s) to be operated. Your insurance company must file a Form PL914 insurance certificate with the Commission before any charter-party carrier operating authority can be issued. **IMPORTANT: The Name of Insured on all certificates of insurance must be exactly the same as the applicant's name(s) as listed in Part I, No. 2 of this application.**

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that the representations appearing in this application and in any forms attached thereto (including any accompanying financial schedules, statements or projections) are, to the best of my (our) knowledge and belief, true, correct and complete, based on all the information required to be included therein, of which I (we) have any knowledge, and these representations are made in good faith. Where the applicant is a corporation, LLC or LP, I further certify that I am an officer of the corporation, managing member of the LLC, or partner of the LP, and am authorized to make this certification on its behalf. I (we) further certify (or declare), under penalty of perjury, that a final judgment has not been entered against the applicant(s) pursuant to Section 3716.2 of the Labor Code (workers' compensation violations) and that I (we) am (are) in compliance with the Americans with Disabilities Act of 1990 as required by D. 92-12-065.

If applicant is an individual, he or she must sign below. If applicant is a general partnership, all partners must sign below, as well as all forms attached to this application. If applicant is a corporation, LLC or LP, then the person signing must be authorized to do so, as certified above. The person(s) signing below is (are) responsible

for this certification, regardless of whether another party prepared, or assisted in preparing, the application or its attachments.

INDIVIDUAL, CORPORATION, LLC, OR LP

Signature of Individual Applicant, or
Authorized Officer, Managing Member or LP Partner

Title

Print Name

DATE

GENERAL PARTNERSHIP

(Make as many copies of this page as necessary for all partners to sign.)

Signature of Partner

Signature of Partner

Print Name

Print Name

Signature of Partner

Signature of Partner

Print Name

Print Name

DATE

FOR USE OF CONSULTANT / PREPARER

If this application was prepared by an outside consultant not affiliated with the applicant, please provide the following:

NAME: _____
(Name of individual who prepared this application)

COMPANY NAME (if different): _____

EMAIL: _____ @ _____ Phone: (_____) _____ Ext. _____

COMPLETE AND RETURN ALL 5 PAGES OF THIS APPLICATION TO:

CPUC License Section
505 Van Ness Ave.
San Francisco, CA 94102